

SEP 02 2004 11:23 FR ANN ARBOR

734 995 1777 TO 917037464000

P.03/07

PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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XXXX

06/09/2004

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
111 EAST WAYNE STREET, SUITE 800
ANN ARBOR, MI 48104

Michael S. Gzybowski
BUTZEL LONG
350 S. Main Street
Suite 300
Ann Arbor, MI
48104

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Marilynn M. Peterson

(Depositor's name)

(Signature)

09/02/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/772,572	01/30/2001	Takaaki Shimada	SIIC0106	3040

TITLE OF INVENTION: PULL-ON DISPOSABLE DIAPER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANDERSON, CATHARINE L	3761	604-385130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BUTZEL LONG

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

UNI-CHARM CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Ehime-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card, Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2136 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

09/02/2004

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09/02/2004 SDIRETR 00000122 122136 09772572

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA

TRANSMIT THIS FORM WITH FEE(S)



PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1,630.00

Complete if Known

Application Number	09/772,572
Filing Date	01/30/2001
First Named Inventor	Takaaki SHIMADA
Examiner Name	Catharine ANDERSON
Art Unit	3761
Attorney Docket No.	121027-0041

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number 12-2136

Deposit Account Name BUTZEL LONG

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND

Extra Claims		Fee from below	Fee Paid
Total Claims	-20** =		
Independent Claims	-3** =	0 X	0.00
Multiple Dependent		0 X	0.00

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non - English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	1,330.00
1502	480	2502	240	Design issue fee	
1503	840	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) PUBLICATION FEE					300.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) \$1,630.00

SUBMITTED BY

Name (Print/Type) Michael S. Gzybowski

Registration No. 32,816

(Attorney/Agent)

Complete (if applicable)

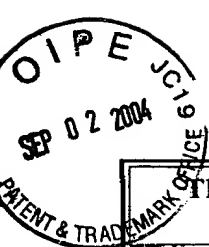
Telephone 734.995.3110

Signature

Date 09/02/2004

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**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)**
(37 C.F.R. 1.311)Docket No.
121027-0041Applicant(s): **Takaaki SHIMADA**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/772,572	01/30/2001	Catharine L. ANDERSON	3586	3761	3040

Invention:

PULL-ON DISPOSABLE DIAPER

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
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Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
☒ Utility Fee: \$ 1330.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
☒ Publication Fee: \$ 300.00
☐ A check in the amount of _____ is attached.
☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-2136
as described below.
☒ Charge the amount of \$1,630.00
☒ Credit any overpayment.
☒ Charge any additional fee required.
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Signature
Michael S. GzybowskiDated: **09/02/2004**

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